

# Federal Correctional Complex Butner, North Carolina



## Doctoral Psychology Internship 2005/2006

June 15, 2004

## ***Psychology Internship***

This document describes the psychology internship training offered by the Federal Correctional Complex (FCC) in Butner, North Carolina for the 2005/2006 training year. This is a full-time, one year program. Applications are accepted from students in clinical and counseling psychology who have completed all course work and required practica for a doctoral degree. There are seven positions in five tracks available for 2005/2006. This program is accredited by the American Psychological Association and maintains membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC). As will be discussed below, for a number of years FCC Butner has also been part of an internship program shared with the University of North Carolina, which also holds APA accreditation; with this option, two trainees spend equal time at each site. Application procedures for each option will be addressed in detail below.

### ***Training Goals***

The internship component of the Psychology Service strives to meet the training needs of doctoral candidates in applied psychology through supervised experience, didactic programs, and focused scholarship. Our objective is to help doctoral candidates transition from student to practitioner; becoming well-rounded generalists in the clinical applications of psychology, using experiences with correctional and forensic populations to facilitate this process. The goals of the internship program derive simultaneously from the mission of the agency and from values of the professional psychological community. Both the training program and the service as a whole are guided by the philosophy that clinical practice within a correctional setting requires the same core clinical skills and knowledge base as professional practice generally, but takes place within a complex legal, political, and social context.

*Generalist Training* - At the most fundamental level the main goal of any internship is to provide broad and general preparation for entry into the professional practice of psychology. The internship experience is the capstone to a foundation of knowledge, skills, and attitudes acquired through graduate training. Interns are selected based on appropriate preparation for more intensive, primarily applied work in the core areas of assessment, intervention, consultation, and scholarship. The program emphasizes the applicability of training to a wide variety of client populations and settings.

Four subsidiary goals can be identified:

*Development of Professional Autonomy* - Consistent with the role of internship as a transition from student to practitioner, the program emphasizes development of attitudes and values consistent with entry into the profession. Interns are offered and should accept a significant degree of autonomy. Trainees are recognized as full participants in the business of the department, such that they receive experience that will prepare them to lead other professionals at the appropriate time in their own careers. Supervisory staff recognize that

Interns are "colleagues in training," a reality borne out by the presence of many supervisors who formerly trained at this or another Bureau facility. Ethical reasoning is inherently complex in the provision of service to inmates in correctional settings, and the internship strives to develop a systematic understanding of fundamental professional concerns such as client rights to treatment, to refuse treatment, to privacy and confidentiality, and the ways these issues are impacted by social and political forces.

*Integration of Science and Practice* - Interns have received extensive training in the empirical and theoretical bases of applied psychological methods. In this setting, psychologists are often called to account for the methods and procedures they employ. The internship strives to reinforce for trainees the dynamic interchange between practice and scholarship, with sound practice based upon well-researched concepts, while clinical phenomena and dilemmas inform the development of new research. Staff model the value of remaining current in empirical, theoretical, and scientific knowledge relevant to this setting. In the provision of information and training to varied groups such as other Bureau of Prisons staff, probation officials, attorneys, judges, and in courtroom testimony, our staff, including Interns, are called upon to represent accurately the current knowledge and methods of psychology.

*Specialized Knowledge of Correctional and Forensic Issues* - Realistically, most Interns seek a position in a setting that matches some important interest in addition to providing good general training. This internship strives to impart a core knowledge base regarding the law, public policy, and social factors as they relate to the practice of psychology, particularly in a correctional environment. Though development of specific expertise as a correctional or forensic psychologist requires additional training and experience after the internship year, the program serves as a foundation for such specialization.

*Service to Diverse and Underserved Clients* - While many trainees may later choose to practice in non-correctional settings, the program strives to develop an appreciation for the provision of service to client populations that exhibit diversity in presenting complaints, age, ethnicity, linguistic preference, socioeconomic background, and education, to name a few areas of variability. As our clients come from all over the United States and the territories, and from all walks of life, staff of necessity confront an extraordinary range of client circumstances. In addition, psychologists in this setting provide services to groups that are traditionally under-served, such as individuals from financially impoverished urban areas and rural backgrounds. Though segments of the public and professional communities shun work with offenders, it is imperative for psychologists to address systemic countertransference issues that impede efforts to advance the welfare of clients.

Though it may seem tautological, the first priority of the training program is training. While our institutions derive clear benefits from the work of interns, training activities are chosen for their value for learning rather than material benefit to the agency. Interns are not expected to perform tasks that are not regular duties of the permanent staff, and in fact

interns are treated very much as full members of the department. Trainees are respected for their competence and training, and are accorded appropriate consideration in planning the implementation of their activities.

### ***Agency and Program Philosophy***

The mission of the Federal Bureau of Prisons is "***to protect society by confining offenders in the controlled environments of prison and community-based facilities that are safe, humane, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.***" Psychology programs, particularly at the Butner facilities, are among the most important of the self-improvement opportunities available to inmates. The Bureau, like any other organization, has a set of core values and shared attitudes that guide staff actions. These core values are reflected in the implementation of our programs, including the internship.

Recognizing the inherent dignity of all human beings and their potential for change, the Bureau treats inmates fairly, is responsive to their needs, and affords them opportunities for self-improvement to facilitate successful re-entry into the community. Psychology programs are an integral part of the agency's mission to assist offenders in participating productively in the broader social context, which in turn benefits society as a whole.

The Bureau promotes honesty, integrity, and professionalism in order to ensure public confidence in its programs and the agency's prudent use of its allocated resources. While inmates are the most evident clients for psychology programs, there are numerous other constituencies, including agency administrators, judges and attorneys, the Congress, inmates' families, and citizens generally. Responding professionally to the valid but sometimes competing interests of these groups is crucial to the effective delivery of service. As psychologists, these responses are guided by a foundation of professional and scientific knowledge.

The Bureau requires high standards of safety, security, and management, which promote a physically and emotionally sound environment for both staff and inmates. Despite public and professional prejudices to the contrary, practitioners in correctional and forensic settings can and should aspire to high levels of professional knowledge, skills, and abilities, and maintain attitudes consistent with high quality service to clients. The Bureau fosters the development of innovative programs to meet the varied demands of this setting.

Staff are the most valuable resource in accomplishing the Bureau's mission, and the agency is committed to the personal welfare and professional development of each employee. All employees share a mutual responsibility for maintaining safe and secure institutions and for modeling society's mainstream values and norms to inmates. A concept of family is encouraged through healthy, supportive relationships among staff and organizational responsiveness to employee needs. The Bureau is a career service that has benefitted from a

consistent management philosophy and a continuity of leadership that has enabled it to evolve as a stable, professional leader in the field of corrections.

The Bureau recognizes and facilitates the integral role of the community in accomplishing its mission, and works cooperatively with the courts, law enforcement agencies, and other components of government, as well as the public at large. The internship program actively seeks community involvement through many avenues, including utilization of training opportunities at local institutions, membership of the faculty in local and national professional organizations, and outreach programs to offer specialized training to other professionals and trainees.

### *The Institutional Setting*

Despite, or perhaps because of movie and television depictions, members of society have little accurate information about life as a resident or employee of a modern prison. It is not surprising then, that many students may have unstated questions about what it is like to work in a prison environment. Beyond these basic concerns, our facilities are clearly different from most other correctional settings. To fully appreciate the Butner milieu, a visit to the Complex is required. However, a brief historical overview may shed some light on the quality of this experience.

The Butner site was originally slated to house a single facility with a unique design concept and mission that would distinguish it from other correctional and forensic centers. Conceived in the late 1950's as a model prison psychiatric facility, the formal proposal for the "Eastern Psychiatric Institute for Federal Prisoners" was approved in 1961 and land at the current site was acquired. The proposal envisioned programming influenced by the work of attorney Norval Morris, later a *Professor Emeritus* at the University of Chicago School of Law, and emphasized holding residents responsible for making constructive changes through voluntary program participation, minimizing tensions between staff and inmates, and flexible decision-making to include resident input. The physical plant design followed concepts of both a therapeutic community and the developing "functional units" model of correctional custody. Over one-million (1960's) dollars were spent in the planning phase alone, and budgetary constraints delayed construction for over a decade. Implementation was also delayed by the political turbulence of the sixties, which led many members of the media, Congress, and the general public to question the purpose of innovative programs in prisons. While the rhetoric sounds absurd in retrospect, the *zeitgeist* fostered predictions that inmate patients would be the subjects of drug experimentation, "A Clockwork Orange"-style brainwashing, and even psychosurgery and vivisection. Before it was even finalized, "the Butner Plan" became a lightning rod for controversy.

Despite these obstacles and iterative changes in mission and programming, the institution now called FCI Butner was dedicated May 13, 1976, and was immediately dubbed "the most advanced prison facility on earth." Since that time, the institution has been at the forefront

of innovative mental health and correctional programs. The FCI remains a flagship facility, and is frequently chosen to pilot new programs such as the Sex Offender, Drug Abuse, and Transitional Care projects described below. The FCI also serves a general population of inmates that includes a range of clinical problems from adjustment disorders to severe mental illness.

Due to the tremendous resources in this area and the Butner site's history of excellence, the Bureau of Prisons targeted the location for development of one of the first Federal Correctional Complexes. In addition to the FCI, the 700 acre reservation now includes a 1300 bed Low Security Correctional Institution (LSCI), a 300 bed minimum security Federal Prison Camp (FPC), and the most recent addition, an 850 bed Federal Medical Center (FMC) for detainees, which includes a 300 bed work cadre. The Low Security and Camp facilities serve general offender populations with appropriate security needs. The Federal Medical Center serves the needs of both voluntary and committed mentally disordered offenders, assists the federal court system by providing forensic evaluation services for pretrial and presentence detainees, and delivers a range of inpatient medical care specializing in surgery, oncology, and dialysis services, and in the future, organ transplantation. With a diverse mission, the Butner complex provides a wide range of psychological and rehabilitative services to a varied population including numerous special needs offenders, and facilitates the training and development of specialized staff for the Bureau of Prisons. Combined, these facilities offer an extraordinary range of internship training experiences.

Given the variety of program areas at the Butner complex, detailed below, and the diverse backgrounds of the various client populations, staff encounter a wide range of cultures and presenting complaints. Consistent with research in this area, a large proportion of general correctional inmates present with significant character disorder and substance abuse problems. Some do not manifest any clear psychopathology, while a significant number exhibit the full range of Axis I pathology, particularly psychotic spectrum, affective, and anxiety disorders. There is a high base rate for both degenerative and chemically induced neurologic disorders and open and closed head injury, as well. Included among the client populations are extreme forms of psychopathology rarely seen in any other setting.

The client populations are demographically and culturally diverse. The average inmate age is about 38, but the range is from 18 to late 70's. Approximately 57 percent of the total population is White, 40 percent Black, and the remainder Native American or Asian. A significant proportion, about a quarter, are Hispanic. About 30% of inmates are non-U.S. citizens. At least 30 nationalities are represented at any one time, with the largest number coming from Mexico, various central and South American nations, and West Africa. Federal inmates are extremely heterogeneous, ranging from sophisticated white collar criminals from upper class backgrounds to a small proportion (about 5%) who have committed violent offenses in territorial jurisdictions of the United States. A significant minority of inmates are politicians, lawyers, physicians, and computer programmers, while others are poorly educated and unskilled. Typical offenses include drug or alcohol

violations, firearms or explosives violations, Bank Robbery, Securities or Tax Fraud, and Threats to Public Officials.

The Butner complex can be thought of as a group of self-contained communities, and the role of Psychology Services can be profitably understood in terms of community psychology. There are numerous clients and constituencies for psychological services, including individual inmates, their collaterals, institution and agency administration, the courts, Congress, and a wide variety of sanctioning agencies. Understanding the interactions of these groups and the social, political, and legal processes that modulate them, is often crucial to the effective delivery of psychological services. Many aspects of our services emphasize the identification of at risk groups, primary prevention, effective crisis intervention, supportive and educational programs, and system-oriented consultation. Outpatient and residential treatment are provided on a voluntary basis to inmates at the FCI, while acute inpatient treatment may be given on a voluntary or involuntary basis at the FMC. In addition, some clients are referred to either the FCI or FMC for inpatient assessment or treatment under the auspices of the federal courts or following the federal equivalent of civil commitment. All programs endeavor to maintain inmates in the least restrictive environment appropriate to their needs.

Visitors generally remark on the openness of the facilities and the relaxed atmosphere evident from staff and inmate behavior, as both contrast sharply with their expectations. The architecture is modern and the facilities are meticulously clean and well-maintained. Despite inevitable pressures to house large inmate populations, common areas and the housing units provide ample public space and remain free of a sense of crowding. Each facility is designed to ensure sufficient security for assigned inmates, up to and including those needing the highest degree of supervision. While security is rigorously maintained, there are few overt earmarks of prison structure. Most observers liken the overall impression to that of a community college campus or a community hospital. While most correctional facilities resist outside scrutiny of their operations, our facilities welcome visitors of varied types, including members of Congress, local high school students, professional staff from neighboring state institutions, federal judges, and defense attorneys. Visitors in recent years have included delegations from the former Soviet Union, China, Britain, Brazil, Canada, and Mozambique, to name a few.

### ***Psychology Programs***

The Complex provides a broad spectrum of services to over 3000 adult inmates, including a general correctional population of approximately 2400 men (500 inmates at the FCI, 300 individuals in the adjoining minimum security camp, 300 as part of the FMC Work Cadre, and another 1300 at the LSCI), 300 medical and 300 psychiatric inpatient beds; a 200 bed Residential Drug Abuse Treatment Program, a 112 bed Sex Offender Treatment Program, a 32 bed Habilitation/Transitional Care Program, and 100 individuals in the psychiatric step-down unit. A 20 bed unit for predatory, hypersexual inmates is planned to open during the

2004/2005 training year, and an additional medium security institution is currently under construction. Psychology Services is crucial to operations in all of these areas, and Interns participate on a rotating basis, but may concentrate in an area of special interest. Supervisory staff assist in planning a program that meets individual training needs.

### **Complex-Wide Programs:**

General Population ( General Practice ) areas, are located at each complex facility and are most representative of the psychology functions in mainstream correctional settings. Inmate clients are served in several ways. New arrivals to the institutions participate in an Admission and Orientation program which includes individual interview, an orientation to available services, and basic drug abuse education. Diagnostic services include clinical evaluation of highly varied mental disorders including the full range of Axis I and II conditions, risk assessments for suicide and danger to others, and treatment program suitability. Treatment services include crisis intervention, short and long-term individual therapy, group psychotherapy, psychoeducational groups, and counseling regarding adjustment and family issues. Goals are agreed upon by therapist and client, and may be brief or long-term. Psychologists also serve as members of interdisciplinary unit teams and assist in planning programs and reviewing progress of inmates. Special areas for intervention include HIV counseling, suicide prevention, confrontation avoidance and special focus groups.

Non-Residential Drug Treatment is provided at each Bureau of Prisons facility, including those at the complex. This includes both a 40 hour Drug Education program and the Living Free Program. While targeted to inmates with significant substance abuse problems, these are open to all interested residents. Drug Education is an informational program based upon a biopsychosocial model. Living Free is the agency's values-based program that focuses on accepting responsibility for and changing behavior that predisposes toward relapse and reincarceration. Non-residential treatment also includes both preparatory and maintenance treatment in coordination with residential substance abuse treatment, as described below.

### **FCI Programs**

The Residential Drug Abuse Program was one of three pilot programs instituted as part of the Bureau of Prisons' effort to evaluate diverse treatment orientations in an era of rising prison populations associated with drug use. Under the direction of a psychologist, this residential program involves comprehensive treatment of the convicted offender using an Integrative model that includes strong Cognitive - Behavioral and Relapse Prevention components. Participants referred from throughout the Mid-Atlantic Region proceed through a state of the art, planned treatment program. Implemented as a therapeutic community, it emphasizes personal accountability and decision-making, as well as the connection of substance abuse to faulty/criminal patterns of thought and action that affect other areas of the participants' lives. Confrontation plays a primary role during the initial orientation phase of treatment; this is followed by a second phase focusing on treatment and



change and includes a wide range of interventions; the last phase of the program is called transitional care, and emphasizes adjusting to being drug free. Those completing the program are subject to required post-release supervision, and aftercare is planned by program staff. The National Institute for Drug Abuse maintains an ongoing research program to evaluate the program's efficacy. Given the very high base rate for substance abuse in any population, this is a valuable training opportunity.

The Sex Offender Treatment Program (SOTP) was implemented as the only one of its kind in the Bureau of Prisons. Established to provide comprehensive treatment for this challenging population, this program is also administered by a psychologist. The SOTP is an intensive, residential therapeutic program for male sexual offenders in the Bureau of Prisons. This voluntary program employs a wide range of cognitive-behavioral and relapse prevention techniques to treat and manage sexual offenders. The primary goal of the SOTP is to help offenders manage their sexual deviance in order to reduce recidivism. The program adheres to the notion that while there is probably no permanent cure for paraphilic disorders, criminal sexual behavior can be effectively managed in most cases through competent treatment and intensive supervision. The treatment program provides the intern with a unique training opportunity to develop specialized diagnostic, assessment, treatment, and consultative skills with a diverse population of sex offenders.

Deviant Hypersexuality Management Program - The DHMP is a 20 bed behavioral-medical management program to assess, treat, and manage the deviant hypersexual conduct of inmates who exhibit chronic predatory and aggressive sexual misconduct in prison. The DHMP is located in a secure, restricted unit annexed to the Psychology Services Department at the FCI. Interns may be involved in the DHMP as part of a rotation in the SOTP. Intern involvement in the DHMP may include conducting psychosexual evaluations, developing treatment plans, designing and implementing behavioral interventions, and consulting with Psychiatry services for medication management

The Habilitation Program at the FCI is a 16 bed program which serves high security level, low functioning inmates who cannot adapt to a United States Penitentiary environment but who may have the ability to function at Medium security institutions. This program emphasizes development and enhancement of inmates' daily living skills and compliance with treatment to minimize acute psychopathology. Many participants initially struggle to adjust and present with a diversity of treatment needs. Psychotherapy groups address anger management, stress management, communication, social skills and criminal lifestyle issues. Issues addressed in individual therapy typically include depression, suicidal ideation, psychosis, post-traumatic syndromes, generalized anxiety, cognitive deficits, and HIV counseling. Over half of the participants are considered mentally ill, and collaboration with psychiatry services is an integral part of the program. Habilitation Program graduates are transferred to other Medium Security Level institutions within the Mid-Atlantic Region where the risk of predation is low.

Mental Health Step-Down Program - The Mental Health Step-Down Program is an 84 bed

residential treatment program for inmates with severe, persistent mental illness, typically (although not limited to) an Axis I diagnosis of the schizophrenic type. The goal of the step-down unit is to provide treatment for inmates with chronic mental illness that is evidence-based and focuses on maximizing the functioning of the inmate and minimizing relapse. Interns are involved in the clinical management of cases, providing group therapy, and short term individual therapy and crisis intervention. Interns are also involved in teaching psycho-educational modules aimed at cognitive rehabilitation and life skills training (e.g., education about medications, symptom management, recreation for leisure, communication skills, community re-entry, workplace fundamentals, substance abuse management, and overcoming addiction). Becoming familiar with the kinds of medications prescribed to these patients is also included as part of the rotation. Collaboration with Psychiatry Services, and other departments (e.g., Education, Recreation, Religious Services) is an integral part of the program.

Forensic Evaluation Program - The Forensic program at the FCI accepts referrals from federal courts for various outpatient, pretrial evaluations (typically to determine competency to stand trial and/or criminal responsibility). Interns receive training in forensic evaluation and related services at the FMC inpatient Behavioral Health Unit.

### **FMC Programs**

The Mental Health unit at the FMC accepts inmates at the discretion of the federal courts for various pre- and post-trial forensic evaluations, for voluntary hospitalization for mental health treatment, or subject to federal quasi-criminal commitment. Given the highly charged legal atmosphere surrounding forensic evaluations, these involve intensive psychological evaluation, understanding of legal standards and procedures, and highly refined report-writing. Staff, including interns (with supervision), provide expert testimony in federal courts throughout the United States when called upon to do so. Members of the public may be aware of Butner's forensic evaluation program by virtue of high publicity cases that attract national attention. The inpatient service involves the same skills as in community psychiatric hospitals, including clinical interviewing, treatment planning, group therapy and education, and supportive, behavioral and insight-oriented individual psychotherapies. Work with committed patients entails the additional complication of working with state officials around the country to effect a transfer to state systems of care or to a community placement. Work at the FMC entails extensive collaboration with psychiatry, medicine, and allied health professionals.

The Behavioral Medicine rotation provides interns the opportunity to work with inmates who present with psychophysiological disorders, psychological factors affecting their physical conditions, and/or physical conditions which have psychological sequelae. Interns serve as a consultant when psychological factors are adversely affecting engagement in or

compliance with medical care, and work in concert with Health Services staff ( physicians, physician assistants, physical therapists, dietician, nurses and social worker) to identify, diagnose and treat inmates for whom the interplay of physical and psychological factors is significant. Interns may provide group and individual treatment for inmates with psychophysiological disorders, including essential hypertension, chronic pain, tension and migraine headaches, anxiety disorders, etc., and inmates with terminal or severely debilitating chronic diseases, such as AIDS, cancer and heart disease. Individual therapy patients are selected through routine intake assessment procedures. Group candidates volunteer for participation in a condition-specific or limitations-specific group, such as Living with AIDS; Coping with Chronic Pain; Stress Reduction Strategies; and Healthful Strategies for Diabetics. Interns are introduced to (if not already familiar with) basic biofeedback techniques. Hypnosis as a pain management technique is also used with selected patients. Interns may also participate in the implementation of the Palliative Care Program.

Further information about any of these programs described above can be obtained by contacting the Director of Clinical Training to arrange follow-up by staff in the area(s) of interest.

### ***Training Tracks***

Applicants should indicate interest in one or more of the training tracks described below. All interns participate in training at both the FCI and FMC. The specific track for which one matches determines the combination of applied activities, including a major rotation in the “home” track. Those who match for the Sex Offender, Residential Drug Treatment, or Chronic Mental Health Services tracks will spend the equivalent of four days per week at the FCI for half the internship year, with time devoted primarily to activities in the relevant program area. Those matching for the Forensic Assessment/Treatment, and Behavioral Medicine tracks will complete a four day per week major rotation at the FMC, participating in activities appropriate to those tracks. The remaining half-year is spent at the “other” facility, where interns spend the equivalent of two days per week in a minor activity which complements the training in the home track, and the other two days per week in General Practice activities as described above. The remainder of each intern’s time, about a day per week, is spent on didactic programs, intern meetings, and research.

Training Track	Major Rotation	Minor Rotations
Sex Offender Treatment Track (2 Positions)	Sex Offender Treatment Program	Forensic Assessment & Treatment Program/General Practice
Forensic Track (2 Positions)	Forensic Assessment & Treatment Program	Sex Offender Treatment Program/General Practice

Drug Abuse Track (1 Position)	Residential Drug Abuse Program	Behavioral Medicine Program/General Practice
Behavioral Medicine Track (1 Position)	Behavioral Medicine Program	Residential Drug Abuse Program/General Practice
Chronic Mental Illness Track* (1 Position)	Step-Down and Habilitation Programs	Forensic Assessment & Treatment Program/General Practice

\* The intern in this track completes general practice experiences at the FCI and the Forensic Assessment and Treatment Program at the FMC.

As examples, the SOTP Track interns complete a full time experience in the FCI's Sex Offender Treatment Program for half the year. The other half year, they divide their time at the FMC between General Practice and Forensic Assessment and Treatment. The Behavioral Medicine track intern spends half the year at the FMC working full time in that program, and the other half the year participates at the FCI dividing time between Residential Drug Abuse Treatment and General Practice.

### ***Supervisory Staff***

The primary program faculty at FCC-Butner includes 24 doctoral-level psychologists, most with extensive experience in clinical practice. The majority reflect a Cognitive-Behavioral theoretical orientation. Research interests include addictive disorders, criminal responsibility and the legal concept of insanity, neurological disorders and deviant behavior, and cultural factors in assessment, to name a few. The service's philosophy could best be described as eclectic. An interest in the social, political, and legal implications of these special interests unifies the faculty. Our staff define the field of forensic psychology in a broad sense, to include traditional applications such as performing court ordered evaluations or providing psychological care to offenders, but also embracing a host of other professional psychological concerns that relate to any area of the law or public policy debate. All members of the professional staff are directly involved in training, and a listing of faculty members at the time of this writing is attached as an appendix. Several faculty hold one or more adjunct appointments in the departments of Psychology, Psychiatry, or Law at the University of North Carolina and Duke University. Three faculty hold the ABPP Diploma in Forensic Psychology and one in Clinical Psychology. The program also includes a Postdoctoral Fellow, and a number of treatment specialists, technicians, and support personnel.

Psychology Services maintains offices in several areas of the complex with a full-time Administrative Assistant or Secretary at each institution. Offices are located in each facility to accommodate interns. All staff have computer workstations on an institutional and agency network with Internet access. Software available includes word-processing, database management, test scoring, statistical analysis, and customized psychology office

management applications. Facilities are available for group therapy, audiotape, and videotape, and for video editing. Professional libraries are located at the FCI and FMC, and the department maintains a wide variety of standardized testing materials and equipment in each Psychology area. Library privileges may be obtained through the area universities and neighboring institutions as well. Computer-assisted research is facilitated both by on-site staff and by the agency's central office librarians. On-site, on-line access is available to *PsychLIT*, *Sociological Abstracts*, *Criminal Justice Abstracts*, *Dialog*, and *Proquest Direct* General Periodicals Research Database. Our legal staff will assist with access to *WestLaw* and *Lexis*, and each facility has a law library including U.S. (Supreme Court), Federal (Courts of Appeal), and Federal Supplement (District Courts) Reporters, Reporters for North Carolina, New York, and California, and topical treatises. Staff also have access to teaching aids through the Employee Development Department, which maintains a large training center with audiovisual equipment and a computer lab centrally located at the Complex.

Psychology Services and The Butner complex overall have training and staff development as key components of their overall mission. In addition to core Psychology staff, trainees have broad exposure to allied disciplines, including Psychiatry, general Medicine, Nursing, Law, and Social Work, which also carry on active training programs, including an American Academy of Psychiatry and Law accredited fellowship program in Forensic Psychiatry, Public Health Service "Co-Step" programs for Nursing and Physician Assistants, and mental health law exposure for law students. A listing of adjunct faculty in Psychiatry and Law is attached as an appendix. Psychology Interns benefit from the complex's overall commitment to training and the ready interchange of ideas and experiences with trainees and professionals from other disciplines.

### ***Supervision***

Interns are expected to demonstrate a reasonable degree of autonomy and independence, consistent with their transition from student to practitioner. At the same time, trainees should expect sufficient oversight and supervision to ensure that they will benefit maximally from training opportunities and to ensure quality services to clientele. This will in all cases include regularly scheduled supervision with clinical supervisors, at a minimum of two hours per week for full time FCC interns. Ample opportunity for unscheduled and less formal supervision is also afforded. Interns will also receive a significant amount of group and peer supervision through staff meetings, formal case reviews, intern seminars, and in-house continuing education. It is expected that FCC/UNC Interns will continue to receive a substantial part of their supervision from the UNC Faculty.

Time is also set aside for interns to meet as a group each week. It is felt that this provides an opportunity for the development of group identity, support, the interchange of ideas, and group problem solving. It also ensures ready input by interns into training issues. The Director and Associate Directors of Training and the Chiefs of Psychology are available to attend at the interns' request.

Interns maintain an ongoing record of the supervision they receive. Written evaluations are prepared quarterly based on feedback from all supervisory staff. These are reviewed with the interns, with copies sent to the relevant graduate programs at the middle and end of the year. Interns also complete evaluations of the quality of training and supervision they receive, and this feedback is utilized by the faculty to further enhance the program. Upon satisfactory completion of the training year, each intern will receive a certificate of participation, and notification to this effect will be forwarded to the intern's graduate program.

### ***Curriculum and Training Objectives***

The curriculum consists of complementary applied and didactic activities to help trainees develop skills normally associated with doctoral internships, including traditional psychological assessment and intervention techniques. The program is designed to provide generalist training at the doctoral level. Experiences will be planned cooperatively by the Intern and Director of Training and take into account the Intern's preference to focus in a particular area, but must also assure that basic objectives for clinical skill development are met.

The applied components of the training program focus on traditional competencies for clinical and counseling psychologists, and can be divided into five major content areas: *Assessment, Intervention, Consultation, Scholarship, and Legal/Professional/Ethical Issues*. These skill areas correspond to those typically identified by national conferences and sanctioning agencies as essential to the professional practice of psychology. Interns may meet any specific objective in one or more of a variety of program areas. Each rotation is planned to include a mix of these activities. More details about the applied aspects of the training program are contained in the Internship Handbook presented to trainees at the beginning of the training year.

### ***Didactics***

The didactic portion of the curriculum includes two main components, which are required for interns. The department offers an ongoing, weekly Clinical Psychology Seminar for the benefit of both staff and interns from throughout the complex. Outside presenters are also scheduled as part of this series of seminars. Staff Psychologists and interns present emerging diagnostic or therapeutic dilemmas for review and feedback from the group, and diagnostic and treatment methods for various conditions or disorders are examined with an emphasis on empirically validated treatments. Interns typically take responsibility for one presentation each, which may be of a scholarly nature, such as based upon dissertation research or another area of interest that is agreed upon in consultation with a supervisor, or a case presentation of recent clinical work such as psychotherapy or certain types of evaluations. Intern presentations serve to hone valuable skills in presenting to professional

audiences and reinforce the importance of scholarship. Staff involvement includes mainly topical presentations of clinical importance, and may serve to relay information obtained through continuing professional education or other sources. The Psychology Seminar normally meets at either the FCI or in the Complex Training Center. A copy of the schedule of Psychology Seminars for the current training year is attached.

The department also participates in a regularly scheduled seminar series for Psychology Interns and Psychiatry Fellows offered at the FMC. Presentations are normally scheduled on a weekly basis and to last approximately one and a half hours, with additional time available for discussion. Most topics will have identified readings from the professional literature. Seminar presentations are offered by Psychology Services faculty, adjunct faculty from this facility, and scholars and practitioners from various universities and the Research Triangle community. The series of presentations explores key areas in professional and ethical issues, criminal and civil law, public policy regarding mental health and mental disabilities, scholarship and research, and forensic and correctional psychology. This program also includes Mock Testimony exercises, with each trainee assuming the role of expert witness. Moot Court is held with faculty serving as judge and attorneys. The forensic seminars also include periodic discussion sessions focusing on Landmark Cases in Mental Health Law. This portion of the program covers an extensive group of case law precedents pivotal in the evolution of mental health policy, including civil and criminal topics, juvenile and family law, civil commitment, right to treatment, informed consent and treatment refusal, disability and workplace discrimination, malpractice, and other areas of interest to clinicians. The specific calendar of seminar presentations will be issued to trainees as they begin the internship. A schedule of topics and presenters for 2003/2004 is attached.

In addition to this series of presentations for trainees, additional opportunities are available to participate in the Continuing Education program for Behavioral Health Division staff, as well as numerous presentations and case reviews at area hospitals and universities. The internship program encourages flexible use of other activities such as attendance at various legal proceedings in federal and local courts, preparation of publications, participation in therapy or counseling as an adjunct to training, and numerous other alternatives. The triangle is a hotbed of activity for clinicians, and there are a wide variety of colloquia sponsored by local psychological associations, Duke University, North Carolina State University, the University of North Carolina, Dorothea Dix and John Umstead State Hospitals, and numerous other groups. Interns are encouraged to avail themselves of these opportunities and leave can be granted. The department is often able to provide at least partial funding for intern travel to meetings or workshops. In addition, we sponsor one or more major presentations on site each year, with recent workshops offered by Jeffery Binder, Stephen Johnson, and Richard Frederick.

Two hours of the intern's time each week may be scheduled for research or other scholarly activity, and each trainee is expected to complete a scholarly project during the year. Support for research and related activities can also include consultation by the institution's

research department and on-site statistical analysis. Where necessary, access to the resources of the agency's Central Office research staff and the Justice Department's central computing facilities may be obtained. Applicants should note that empirical research projects using BOP inmates or staff as subjects require formal review and approval by the agency. Anyone planning such a project should initiate review **before** the start of the training year.

### ***Program Options***

The internship program offers two options. FCC Butner offers seven full time positions each year, which provide a minimum of 40 hours per week of training activities. This program began with the 1992/93 year and was awarded accreditation effective June 25, 1993. Our most recent accreditation site visit took place October 18 and 19, 2001, and our next review is scheduled for 2008. In applying to the FCC program, applicants should indicate interest in one or more of five tracks, as described above. Applicants may be considered for any combination of tracks, as the program submits separate rank lists for the APPIC match.

Since 1984 the program has shared with the University of North Carolina School of Medicine Psychology Internship program two "50-50" positions offered through the auspices of UNC. Under this model, trainees spend half their time at FCC-Butner and half at various UNC sites. Training experiences at FCC-Butner are complemented by the diverse opportunities available through UNC, which broaden the trainee's exposure to more esoteric specialty areas. The Butner and UNC programs maintain their own foci and curriculum planning, and their respective faculties strive to help the trainee maximize the benefits of participating in two programs, each with their own integrity and unique orientation. This program has been accredited by APA for a number of years. Further information on the shared program with UNC may be obtained on the internet at:

<http://www.med.unc.edu/psych/education/internship.htm> or by writing: Lee M. Marcus, Ph.D., Director of Psychology Training, Campus Box 6305, University of North Carolina, 27599-6305. (lee\_marcus@unc.edu)

### ***Applications and Admissions***

Applicants will only be considered if they will have completed course work for a Doctoral degree in an appropriate specialty area of psychology. This includes completion of clinical practica and other applied experiences as required by the graduate program. Applicants must have the Director of their graduate training program submit written verification that all relevant requirements have been met and that the applicant is considered ready to apply for internship. A Certificate of Internship Eligibility form is promulgated by APPIC for that purpose.

Applications are preferred from students in APA Accredited programs in Clinical or



Counseling Psychology. In addition to demonstrating excellence in scholarship and professionalism in practice, successful applicants will articulate an interest in the domains of correctional and forensic psychology (broadly defined), legal issues in psychological practice, and public policy matters which impact on mental health and the management of socially deviant behavior. Prior work experience in a correctional setting is not required, but training and community experiences indicative of appropriate interests will be important considerations in selections. The interview process is heavily weighted to assess the appropriateness of the applicant's training and career goals to this setting. Given the rigors of the program, a high degree of personal maturity is required.

The application procedure (including deadlines) for the FCC/UNC program is as described in the UNC brochure on Psychology Internships, available from the above address. Selections are made jointly by the UNC and FCC Faculties.

**For the Full Time FCC program applicants must:**

- 1) Submit a complete APPIC Application for Psychology Internship available from graduate programs or at: <http://www.appic.org>. The Professional Conduct and Verification of Internship Eligibility and Readiness portions must bear original signatures and dates in ink.
- 2) Provide a *Curriculum Vitae* describing all relevant experience.
- 3) Provide transcripts of all graduate work.
- 4) Provide letters of recommendation from **THREE** psychologists.
- 5) Submit **ONE** comprehensive assessment report as a work sample. Provisions should be made to protect the anonymity of the subject.

We prefer that all items be mailed together in a single package. Please staple each multi-page item. Do not place your materials in binders, folders, or oversize clips - these interfere with our filing system. Reference letters may be submitted in sealed envelopes and official transcripts printed by a registrar or records office, often labeled "to student," are acceptable.

Applications and inquiries should be directed to:

Edward "Rhett" Landis, Ph.D., ABPP  
Federal Medical Center  
Box 1500  
Old NC Highway 75  
Butner, NC 27509-1500.

(Internet mail: [rlandis@bop.gov](mailto:rlandis@bop.gov))  
(919) 575-3900 x5449  
(919) 575-4841 (Fax)

THE BUREAU OF PRISONS IS AN EQUAL OPPORTUNITY EMPLOYER.

Selections will be made without discrimination for any non-merit reason such as race, color,

religion, national origin, sex, sexual orientation, status as a parent, age, physical disability, marital status or membership in an employee organization. The Department of Justice provides reasonable accommodations to applicants with disabilities. If you need an accommodation for any part of the application and hiring process, please notify our Human Resource office. The decision on granting reasonable accommodation will be made on a case-by-case basis.

Applicants should be aware that, if selected, additional civil service and other government personnel procedures will be required. Pursuant to Executive Order 11935, only United States citizens and nationals may compete for civil service jobs. Internship positions are open to individuals of any age. Applicants should be aware, however, that permanent civil service positions with the Bureau of Prisons are open only to those who are 39 years of age or younger at the time they are hired on a permanent basis - to complete the internship and subsequently apply for permanent employment a candidate must be 38 or younger at the start of the internship year. This restriction applies to applicants for any career position with the Bureau of Prisons or any other federal law enforcement agency, and has been imposed by the United States Congress through Public Law 100-238. Candidates may be eligible for appointment through age 44 by joining the Public Health Service Corps.

**\*\*\* Please note: \*\*\***

**Because the internship position is classified as "sensitive," candidates must pass a pre-employment medical examination, drug screening, and background investigation. Final acceptance into either program option is contingent on satisfactory completion. As a condition of employment, male applicants born after December 31, 1959, must certify that they have registered with the Selective Service System, or are exempt from having to do so under the Selective Service Law. This position is a drug-testing designated position subject to random testing for illegal drug use. Once selected and enrolled, Interns must adhere to the requirements of the Program Statement (3420.09) titled "Standards for Employee Conduct and Responsibility."**

Application packages for the full time FCC program will be evaluated as they are received. **The deadline for 2005/2006 applications is November 1, 2004.** Due to the large number of submissions, candidates are encouraged to complete applications as early in the season as possible. Candidates will be notified by email by December 15 regarding whether they will be invited for interviews. An on-site, personal interview is required prior to the match process. Invited applicants who cannot travel to FCC-Butner may arrange for a telephone interview in addition to a personal interview at another Bureau of Prisons facility. Following the interview period, candidates still under consideration will be so notified. Any applicants not being considered for acceptance will be notified. This program complies with the policies and computer match procedures, including time lines, adopted by the Association of Psychology Postdoctoral and Internship Centers (APPIC), which are available from graduate programs and from the APPIC web site at: <http://www.appic.org>. **This internship site agrees to abide by the APPIC policy that no person at this training**

**facility will solicit, accept, or use any ranking-related information from any intern applicant.**

Please note that intern positions are temporary appointments not to exceed one year. Acceptance into the internship program is not a guarantee of employment thereafter. Interns are considered law enforcement employees, and may be called upon to respond to institution and other emergencies.

Any questions or concerns regarding the accreditation status of the FCC Butner program may be addressed to:

American Psychological Association  
Office of Program Consultation and Accreditation  
750 First Street NE  
Washington, D.C. 20002-4242  
(202) 336-5500

### ***Benefits***

During the 2005/2006 training cycle, the following benefits apply for the full time FCC program:

- A stipend of approximately \$41,013.
- Vacation time earned each pay period, equivalent to approximately 13 days per year.
- Sick leave accrued at the same rate as above.
- Paid Federal Holidays.
- Limited authorized leave to attend off-site training.
- Support for research activity.

### ***The Area***

While some staff choose to live in the town of Butner (population 5000), most, including interns, choose to live in one of the three major cities of the "Research Triangle." This area, defined by Durham (and Duke University), Chapel Hill (the University of North Carolina), and Raleigh (North Carolina State University), offers a unique combination of southern hospitality, academic stimulation, and cosmopolitan cultural opportunities. In addition to teaching institutions, the intellectual climate is influenced by the presence of the Research Triangle Park, which includes a number of high tech companies specializing in biotechnology, pharmaceuticals, software development, electronics, and robotics, as well as the National Humanities Center and the National Institute for Environmental Health Sciences. It is hardly surprising, then, that the Triangle lays claim to the highest *per capita* proportion of Ph.D.'s and M.D.'s in the country. Folks come from all over the world to study or work in the Triangle, and the community exhibits remarkable cultural diversity. Aside

from visiting students and professionals, approximately half of local residents are not originally from North Carolina.

Even the Triangle isn't all business, and as a counterpoint the surrounding areas of the state remain largely rural and scenic, and outdoor activities abound. The climate is temperate but mild, with more than 230 sunshine days each year and an average of seven inches of snow to accentuate the brief winters. The complex is located in the Carolina Piedmont, which separates the mountains from the coastal plain. Local treasures include traditional folk crafts and lore, such as furniture-making in Hickory, Pottery at Seagrove, Appalachian Music at China Grove, and gemstone and gold mining throughout the Piedmont area. *Fortune* magazine has recognized the triangle as the best area for business in the U.S., and *Money* magazine surveys consistently rank the Raleigh/Durham/Chapel Hill area among the **"Best Places to Live in America."** All three Triangle communities offer sophisticated entertainment, including the Broadway at Duke series, a lively jazz scene, the Bull Durham Blues Festival, the American Dance Festival, the Rewind Film Festival, and symphony and chamber orchestra groups. "Tobacco Road" is home to the best in college basketball and soccer, Raleigh is home to the Carolina Hurricanes (2002 Stanley Cup Finalists), and the WUSA's Carolina Courage (2002 Founder's Cup Champions). The Durham Bulls are the AAA affiliate of the Tampa Bay Devil Rays.

A leisurely afternoon drive to the East can lead to the pristine wilderness beaches of the Outer Banks, while the more developed resort beaches near Wilmington and Beaufort are about two hours away. Winter skiing in the Blue Ridge Mountains or summer hiking and climbing in the Great Smokies are an easy drive to the west. Water sports abound, particularly water skiing, canoeing and kayaking, and fishing, and there are several recreational lakes close to the facility. Golf, tennis, and running are popular activities. Major historic interests include Native American trading and ceremonial sites such as the Town Creek Mounds, the site of the first European colony in the new world at Manteo, the Palmer Memorial Institute which is now a monument to the work of African-American educator Charlotte Hawkins Brown, Tryon Palace, Biltmore Castle, and numerous colonial and Civil War attractions. Regional metropolitan centers like Charlotte, Washington D.C. and Atlanta are an afternoon's drive.

### ***The Agency***

The Bureau of Prisons is the largest division of the United States Department of Justice, with over 30,000 employees. Organized in 1930 under the direction of Assistant Attorney General Mabel Walker Willebrandt, the BOP differs from other federal organizations in that political appointments have not been significant in the agency's development. Following the appointment of Sanford Bates in 1930, the remaining five of the Bureau's Directors have been career employees of the agency. The immediate past Director, Kathleen Hawk-Sawyer, Ed.D., began her career as a Psychology Intern at FCI Morgantown, West Virginia. Psychologists are the primary providers of mental health services in the Bureau, with about

500 doctoral-level staff throughout the country. The agency has been able to offer career appointments to many graduating interns and there are opportunities for rapid advancement. As federal law enforcement employees, staff can retire at age 50 with 20 years of service, or with 25 years of service at any age.

### ***Reaching the Institution***

Scheduled visits to the Complex are welcome, and applicants who can do so are strongly encouraged to see the facilities in person. Visits may be arranged by contacting the Director of Clinical Training at (919) 575-3900 x5449. **All visitors must bring a photo identification**, such as a driver's license.

#### **Access from Interstate 85 North or South:**

The Complex is convenient to Interstate 85 just North of Durham. Traveling either North or South on I-85 take **exit 182, "Red Mill Road,"** 4 miles North of the Durham city limit. Turn **West** and continue 3.8 miles until the road dead ends. **Turn right** and travel 0.2 miles before turning **Left on Red Mill Extension**. This ends after 0.5 miles at **Oxford Highway - Turn Right**. The institutions will be on your left - 3.5 miles for the FMC and 4.2 miles for the FCI.

#### **Access from Raleigh-Durham International Airport:**

From RDU follow the exit signs indicating **"Highway 70 to Durham."** As you approach Durham (approximately 12 miles), watch for signs indicating access to I-85. From **85 North**, follow the directions above. **Note that the US 70/I-85 merge is under construction, so watch signs carefully and be alert for possible detours.**

#### **From the Chapel Hill area:**

From Chapel Hill, take **15-501 Northeast**. After crossing over I-40 and entering Durham, watch for the **15-501 Bypass** signs. Stay to the right as the road forks, which actually results in passing over Business 15-501 and heading North (left in relation to the way you were going). After about 3.5 miles, merge onto **I-85 North/70 East**. Stay left to **continue on I-85** when it splits from 70 and proceed North. Follow directions to the Complex as above.

## *Appendix A*

### *Faculty*

- Michael Bourke, Ph.D.; Staff Psychologist, Federal Correctional Institution.  
B.A. (1992) University of Oklahoma; M.S. (1996) and Ph.D. (2000) Nova Southeastern University; Internship (1989/90) Federal Medical Center, Fort Worth, Texas.
- Amy Boyd, Ph.D.; Staff Psychologist, Federal Correctional Institution  
B.A. (1997) Michigan State University; M.A. (2001) and Ph.D. (2003) University of Louisville; Internship (2002/2003) United States Medical Center for Federal Prisoners, Springfield, Missouri.
- Robert Cochrane, Psy.D.; Staff Psychologist, Federal Medical Center  
B.A. (1992) University of Akron; M.A. (1995) Wheaton University; Ph.D. (1999) Wright State University; Internship (1999) United States Medical Center for Federal Prisoners, Springfield, Missouri.
- Tanya L. Cunic, Psy.D.; Forensic Psychologist, Federal Correctional Institution.  
B.A. (1993) Washington College; M.S. (1995) South Western Oklahoma State University; Psy.D. (2001) Central Michigan University; Internship (2000) and Post-Doctoral Fellowship (2001) U.S. Medical Center for Federal Prisoners, Springfield, Missouri.
- M. Lela Demby, Ph.D.; Staff Psychologist, Federal Correctional Institution  
B.A. (1988) Princeton University; M.A. (1993) and Ph.D. (2001) University of North Carolina; Internship (1997/1998) University of Medicine and Dentistry of New Jersey/Robert Wood Johnson Medical School; Postdoctoral Fellowship (2002/2003) Federal Medical Center, Butner, North Carolina.
- Cynthia Fisher, Psy.D.; Drug Abuse Treatment Program, Federal Correctional Institution  
B.S. (1993) University of Minnesota; Ph.D. (1997) Minnesota School of Professional Psychology; Internship (1996) Federal Correctional Institution, Morgantown, West Virginia.
- Katherine Freiman Fox, Ph.D.; Chief Psychologist, Low Security Correctional Institution  
B.A. (1981) Wesleyan University; M.A. (1986) and Ph.D. (1990) University of Kentucky; Internship (1989/90) George Washington University Medical Center.
- Caroline “Lacy” Frazer, Psy.D.; Staff Psychologist, Federal Correctional Institution  
Psy.D. (1997) Georgia School of Professional Psychology; Internship (1997) Federal Correctional Institution, Petersburg, Virginia.
- Eugene Gourley, Ph.D.; Staff Neuropsychologist, Federal Medical Center

B.A. (1991) University of Virginia; M.S./Ph.D. (1998) Virginia Commonwealth University; Internship (1996/1997) Virginia Commonwealth University; Postdoctoral Fellowship (1998 - 2000) Medical College of Virginia.

Dawn J. Graney, Psy.D., Staff Psychologist, Federal Correctional Institution.  
B.A. (1994) University of Maryland; M.A. (2000) and Psy.D. (2001), California School of Professional Psychology; Internship (2000/2001) and Forensic Postdoctoral Fellowship (2001/2002), Federal Medical Center, Rochester, Minnesota.

Jill R. Grant, Psy.D.; Drug Abuse Program Coordinator, Federal Medical Center.  
B.A. (1982) and M.A. (1984) Marshall University; Psy.D. (1994) Virginia Consortium in Clinical Psychology; Internship (1993/94) University of North Carolina/FCI Butner.

Brian Grover, Psy.D.; Drug Treatment Coordinator, Low Security Correctional Institution.  
B.A. (1984) Ohio Northern University; Psy.D. (1988) Wright State University, School of Professional Psychology; Internship (1987/88) University of North Carolina/FCI Butner.

Andres Hernandez, Psy.D.; Director, Sex Offender Treatment Program.  
B.S. (1988) Colorado State University; Psy.D. (1993) Rutgers University; Internship (1992/93); Post-Doctoral Fellowship (1993/94) Baylor College of Medicine.

Gary Junker, Ph.D., Chief Psychologist, Federal Medical Center.  
B.A. (1977) Wright State University; M.A. (1988) University of New Mexico; Ph.D. (1993) Georgia State University; Internship (1992/1993) Federal Correctional Institution - Tallahassee, Florida.

Edw. "Rhett" Landis, Ph.D., ABPP; Director of Clinical Training.  
B.A. (1981), Emory University; M.A. (1985) and Ph.D. (1989) University of Louisville; Internship (1986/87) University of North Carolina/FCI-Butner.  
Diplomate in Forensic Psychology, American Board of Professional Psychology.

Cynthia Lenning, Psy.D., Staff Psychologist, Low Security Correctional Institution.  
B.S. (1996) SUNY Brockport; M.A. (1998) and Ph.D. (2003) California School of Professional Psychology; Internship (2001/2002) Federal Correctional Complex, Butner.

Kevin J. McBride, Ph.D., ABPP; Staff Psychologist, Federal Correctional Institution.  
B.A. (1974) University of North Carolina; M.A. (1978) East Carolina University; Ph.D. (1983) North Carolina State University. Diplomate in Forensic Psychology, American Board of Professional Psychology.

Robert Melin, Psy.D.; Staff Psychologist, Federal Correctional Institution.

B.S. (1996) Valparaiso University; M.S. (1999) and Psy.D. (2001) Chicago School of Professional Psychology; Internship (2000/2001) and Post-doctoral Fellowship (2001/2002) Florida Department of Corrections.

Carlton Pyant, Ph.D.; Drug Abuse Treatment Coordinator, Federal Medical Center.  
B.S. (1981) North Carolina Central University; M.A. (1984) and Ph.D. (1989) Southern Illinois University; Internship (1985/86) William Beaumont Army Medical Center.

Angela Scalise, Ph.D.; Coordinator of Non-Residential Drug Abuse Treatment and Drug Education, Federal Correctional Institution.  
B.A. (1996) University of Rochester; M.S. (1997) and Ph.D. (2001), Nova Southeastern University; Internship (2000/01), Yale University School of Medicine.

Jennifer J. Schnitzer, Ph.D.; Staff Psychologist, Federal Correctional Institution.  
B.A. (1994) Georgetown University; Ph.D. (2001) Pacific Graduate School, Palo Alto, California; Internship (2000-2001) Atascadero State Hospital, Atascadero, California; Forensic Fellowship (2001-2003) Dorothea Dix Hospital, Raleigh, North Carolina.

Karen Steinour, Ph.D.; Chief Psychologist, Federal Correctional Institution.  
B.A. (1978) Gettysburg College; M.Ed. (1980) and Ph.D. (1985) Duke University; Internship (1986/87) Walter Reed Army Medical Center.

Angela Walden Weaver, Ph.D.; Staff Psychologist, Federal Medical Center.  
B.A. (1989) University of Houston; M.A. (1992) and Ph.D. (1995) University of Alabama at Tuscaloosa; Internship (1994/95) University of North Carolina.

N. Chanell Williams, Ph.D., ABPP; Staff Psychologist, Federal Medical Center  
B.A. (1990) Spelman College; M.A. (1992) and Ph.D. (1996) California School of Professional Psychology (Los Angeles); Internship (1994/95) Tripler Army Medical Center; Postdoctoral Fellowship (1999/2000) Tripler Army Medical Center; Diplomate in Clinical Psychology, American Board of Professional Psychology.



## *Adjunct Faculty*

Bruce R. Berger, M.D.; Staff Psychiatrist, Mental Health Division.

B.S. (1973) Northwestern University; M.D. (1977) University of Minnesota School of Medicine; Residency (1978-1980) Medical University of South Carolina.

Michael Breedenberg, J.D.; Staff Attorney, Federal Correctional Complex.

B.S. (1990) Pennsylvania State University; J.D. (1993) American University.

William Burlington, J.D.; Mid-Atlantic Regional Attorney, Federal Bureau of Prisons.

B.A. (1970) University of California-Santa Barbara; J.D. (1974) Santa Clara University.

Bruce Capehart, MD, MBA; Staff Psychiatrist, Federal Medical Center

BS (1987) Texas Christian University; MD (1991) University of Texas Southwestern Medical School; Residency in Psychiatry (1991-1995) Duke University Medical Center; Fellowship in Health System Management (1994-1995) Duke University Medical Center; MBA (1996) University of North Carolina - Chapel Hill.

Michelle Fuseyamore, J.D.; Staff Attorney, Federal Correctional Complex.

B.A. (1983) Vassar College; J.D. (1986) Northeastern University.

David Huband, J.D.; Staff Attorney, Federal Correctional Complex.

B.A. (1993) Idaho St. University; MSW (2001) and J.D. (2001) University of Maryland.

Bryon Herbel, M.D. Staff Psychiatrist, Mental Health Division.

B.S. (1982) University of North Dakota; M.D. (1986) University of North Dakota; Residency (1986-90) Karl Menninger School of Psychiatry, Duke University Medical Center, Division of Child and Adolescent Psychiatry (1990-1992).

Robert Lucking, M.D.; Staff Psychiatrist, Mental Health Division.

B.A. (1973) Hope College; M.D. (1977) Wayne State University; Residency (1977-1980) Lafayette Clinic and University of Florida; American Board of Psychiatry and Neurology.

Ralph Newman, M.D.; Staff Psychiatrist, Mental Health Division.

B.S. (1982) Washington University; M.D. (1986) Rush Medical College; Residency (1986-90) Long Island Jewish-Hillside Hospital.

Jean P. Zula, M.D.; Chief Psychiatrist, Mental Health Division.

B.S. (1983) North Carolina State University; M.D. (1988) University of North Carolina-Chapel Hill; Residency (1988-93) Duke University.

FEDERAL CORRECTIONAL COMPLEX  
BUTNER, NORTH CAROLINA

FORENSIC SEMINAR SERIES 2004-2005  
WEDNESDAYS 10:00 - 11:30

FACULTY	SEMINAR TITLE	DATE(S)
	No Seminar - Interns in IFT	9/8/2004 9/15
Rhett Landis, Ph.D. Bruce Berger, M.D. Mike Bredenberg, J.D.	Introduction and Overview: History of Forensic Mental Health Services.	9/22
Bob Cochrane, Psy.D.	Competency to Stand Trial, Enter a Plea, Be Executed, etc.	9/29
	Landmark Cases - Competency Issues (Units 1 & 2)	10/6
Rhett Landis, Ph.D.	Criminal Responsibility and Diminished Capacity (2 sessions)	10/13
	Landmark Cases - Criminal Responsibility (Unit 4)	10/20
Bob Cochrane, Psy.D.	Malingering, Deception and Dissimulation	10/27
Angela Walden, Ph.D.	Risk Assessment	11/3
Bruce Berger, M.D.	Practitioner as an Expert Witness	11/10
	Landmark Cases - Expertise and Evidence (Unit 15)	11/17
	NO SEMINAR - Thanksgiving Break	11/24
Bruce Berger, M.D.	Mock Testimony Preparatory Exercise (all trainees must bring current CV)	12/1
Carlton Pyant, Ph.D.	Boundary Issues in Staff/Inmate Relations	12/8
Mike Bredenberg, J.D.	Personal Injury and Tort Litigation	12/15
	Landmark Cases - Duty to Warn/Protect (Unit 13)	12/22
	NO SEMINAR - Holidays	12/29
	Mock testimony #1	1/5/2005
Dawn Graney, Ph.D.	Miscellaneous Criminal Issues	1/12
	Mock Testimony - #2	1/19
M. Fuseyamore, J.D.	Sentencing Practices and Pre-Sentence Evaluations	1/26

FACULTY	SEMINAR TITLE	DATE(S)
Mark Hazelrigg, Ph.D.*	Disposition of Quasi-Criminal Commitments (NGRI, Dangerousness, etc.)	2/2
	Landmark Cases - Quasi-Criminal Commitment (Unit 12)	2/9
	Mock Testimony - #3	2/16
Tanya Cunic, Ph.D.	Death Penalty Issues	2/23
	Landmark Cases - Informed Consent (Unit 8)	3/2
	Landmark Cases - Civil Commitment (Units 9, 10, 11)	3/9
Bruce Capehart, M.D.	Involuntary Commitment, Right to Receive Treatment, Right to Refuse Treatment	3/16
	Mock Testimony - #4	3/23
George Corvin, M.D.^	Mental Disability Determinations and Worker's Compensation	3/30
	Landmark Cases -Employment/Disability, Worker's Comp/ADA (Unit 18)	4/6
	Mock Testimony - #5	4/13
Rhett Landis, Ph.D.	Privacy/Management of Client Information	4/20
	Landmark Cases - Confidentiality/Privilege (Unit 14)	4/27
Gary Junker, Ph.D.	Professional Ethics	5/4
	Mock Testimony - #6	5/11
M. Bredenberg, J.D.	Civil Rights Issues	5/18
George Corvin, M.D.^	Malpractice, Professional Liability	5/25
	Landmark Cases - Malpractice (Unit 16 and 17)	6/1
	Mock Testimony - #7	6/8
Dawn Graney, Ph.D.	TBA	6/15
	Mock Testimony - #8	6/22
	Make Up Date	6/29
Margaret Barham, Ph.D.@	Antisocial Personality Disorder and Related Character Pathology	7/6

FACULTY	SEMINAR TITLE	DATE(S)
	Mock Testimony - #9	7/13
	Landmark Cases - Juvenile Law	7/20
	Mock Testimony # 10	7/27
	Landmark Cases - Sexual Harassment (Unit 19)	8/3

\* North Carolina Department of Mental Health, Dorothea Dix Hospital

^ Private Practice, Raleigh, North Carolina

# University of North Carolina School of Medicine

@ North Carolina Department of Corrections, Women's Prison

FEDERAL CORRECTIONAL COMPLEX  
BUTNER, NORTH CAROLINA

PSYCHOLOGY SEMINAR SERIES 2004/2005

TUESDAY 10:30 - 11:30

PRESENTER	TITLE/TOPIC
Kate Freiman, Ph.D. Gary Junker, Ph.D. Karen Steinour, Ph.D.	Management and Supervision of Psychology Programs
Dawn Graney, Psy.D	Psychology Services Intake Screenings & SHU Reviews
Gary Junker, Ph.D.	Suicide Prevention I
Gary Junker , Ph.D.	Suicide Prevention II
Amy Boyd, Ph.D.	Changing Criminal Lifestyles
Ralph Newman, M.D.	Psychopharmacological Treatment of Adults I
Ralph Newman, M.D.	Psychopharmacological Treatment of Adults II
Robert Melin, Psy.D.	Preventing Therapist Burnout
Kate Freiman-Fox, Ph.D.	Professional Development: Who am I, what am I doing here, and where am I going?
Jennifer Snyder, Ph.D. <sup>1</sup>	Advanced MMPI Assessment (JUH Psychology Conference Room 10:30 - 12:00)
Cynthia Fisher, Psy.D.	Substance Abuse Treatment (FCC Butner Employee Development Center–JUH interns attending also)
Andres Hernandez, Psy.D.	Evaluation of Sexual Deviance
Clement Gallop, M.A.	Penile Plethysmograph Testing
Angela Scalise, Ph.D.	Assessment of Substance Abuse Disorders (FCC Butner Employee Development Center–JUH interns attending also)
Tanya Cunic, Psy.D.	Pitfalls in Psychological Report Writing
Karen Steinour, Ph.D.	Psychological Interventions in Chronic Pain Management
Marg. Barham, Ph.D. <sup>2</sup>	Psychological Service Delivery to Incarcerated Women
Cynthia Fisher, Psy.D.	Substance Abuse Treatment (FCC Butner Employee Development Center - JUH interns attending also)
TBA	Intern Presentation - 1

Mike Bourke, Ph.D.	Polygraph Testing
Sue Ethridge	Art Therapy
Angela Scalise, Ph.D.	Motivational Interviewing (FCC Butner Employee Development Center–JUH interns attending also)
Ginger Moore, Ph.D. <sup>3</sup>	Parent-Child Relationships Disrupted by Incarceration
TBA	Intern Presentation - 2
Caroline Frazer, Psy.D.	Obtaining Employment Following Internship
Karen Steinour, Ph.D.	Palliative Care within the BOP
Bernadette Pelissier, Ph.D	Program Evaluation Research
TBA	Intern Presentation - 3
Jim Hilkey, Ph.D. <sup>4</sup>	Establishing a Private Practice
Jane Stevens, Ph.D. <sup>1</sup>	Working with Families (JUH Psychology Conference Room 10:30 - 12:00)
Jill Grant, Psy.D.	Body Image Disturbance as it Relates to Psychological and Medical Problems: Assessment and Treatment Issues
TBA	Intern Presentation - 4
Kevin McBride, Ph.D.	Child Custody & Allegations of Abuse/Neglect Evaluations (FCC Butner Employee Development Center–JUH interns attending also)
Rhett Landis, Ph.D.	Licensure and Related Credentialing
TBA	Intern Presentation - 5
Lee Marcus, Ph.D. <sup>5</sup>	Assessment of Pervasive Developmental Disorders
Tanya Cunic, Psy.D.	Neuropsychology and Malingering
Tonya Armstrong, Ph.D. <sup>1</sup>	Spirituality and Mental Health: Assessment and Treatment Perspectives (JUH Psychology Conference Room 10:30 - 12:00)
TBA	Intern Presentation - 6
Caroline Frazer, Psy.D.	Counseling Gay and Lesbian Clients
Brian Grover, Psy.D.	Marlatt's Relapse Prevention Model
Maya McNeilly, Ph.D. <sup>1</sup>	Multicultural Issues: Working with the Hispanic Patient (JUH Psychology Conference Room 10:30 - 12:00)
TBA	Intern Presentation - 7
Mike Bourke, Ph.D.	Hostage Negotiations

	Cancellation make up day
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- 1 - John Umstead Hospital
- 2 - North Carolina Correctional Center for Women
- 3 - Duke University
- 4 - Private Practice - Durham/Chapel Hill, N.C.
- 5 - University of North Carolina School of Medicine